



News Flash - Test Your Medicare Claims Now! After you have submitted claims containing both NPIs and legacy identifiers and those claims have been paid, Medicare urges you to send a small batch of claims now with only the NPI in the primary provider fields. If the results are positive, begin increasing the number of claims in the batch. (Reminder: For institutional claims, the primary provider fields are the Billing and Pay-to Provider fields. For professional claims, the primary provider fields are the Billing, Pay-to, and Rendering Provider fields. If the Pay-to Provider is the same as the Billing Provider, the Pay-to Provider does not need to be identified.)

MLN Matters Number: MM5926

Related Change Request (CR) #: 5926

Related CR Release Date: February 29, 2008

Effective Date: January 1, 2008

Related CR Transmittal #: R1471CP

Implementation Date: April 7, 2008

Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits

Provider Types Affected

Clinical diagnostic laboratories billing Medicare Carriers or Part A/B Medicare Administrative Contractors (A/B MACs) for laboratory tests

Provider Action Needed



STOP – Impact to You

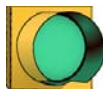
If you do not have a valid, current, CLIA certificate and submit a claim to your Medicare Carrier or A/B MAC for a HCPCS code that is considered to be a laboratory test requiring a CLIA certificate, your Medicare payment may be impacted.

Disclaimer

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**CAUTION – What You Need to Know**

The Clinical Laboratory Improvement Amendments of 1998 (CLIA) requires that for each test it performs, a laboratory facility must be appropriately certified. The HCPCS codes that CMS considers to be laboratory tests under CLIA (and thus requiring certification) change each year. CR 5926, from which this article is taken, informs carriers and A/B MACS about the new HCPCS codes for 2008 that are subject to CLIA edits and also about those that are now excluded from CLIA edits.

**GO – What You Need to Do**

Make sure that your billing staffs are aware of these CLIA-related HCPCS changes for 2008 and that you remain current with certification requirements.

Background

The Clinical Laboratory Improvement Amendments of 1998 (CLIA) require a laboratory facility to be appropriately certified for each test it performs.

To ensure that Medicare and Medicaid only pay for laboratory tests that are performed by certified facilities, carriers and A/B MACs will edit each Medicare claim submitted for a HCPCS code considered to be a CLIA laboratory test. These HCPCS codes change each year, and CR 5926, from which this article is taken, informs carriers and A/B MACs about the new HCPCS codes for 2008 that are both subject to, and excluded from, CLIA edits.

The HCPCS codes listed in the chart that follows are new for 2008 and are subject to CLIA edits. The list does not include new HCPCS codes for waived tests or provider-performed procedures. The HCPCS codes listed below require a facility to have either a CLIA certificate of registration (certificate type code 9), a CLIA certificate of compliance (certificate type code 1), or a CLIA certificate of accreditation (certificate type code 3). A facility without a valid, current, CLIA certificate, with a current CLIA certificate of waiver (certificate type code 2) or with a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) will not be paid for these tests and the claims will be denied. Failure to submit your CLIA number on claims containing one of these HCPCS codes will result in the Medicare carrier or A/B MAC returning your claim as unprocessable.

HCPSC Code	Description
80047	Basic metabolic panel (Calcium, ionized)
82610	Cystatin C

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83993	Calprotectin, fecal
84704	Gonadotropin, chorionic (hCG); free beta chain
86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus
88381	Microdissection (ie, sample preparation of microscopically identified target); manual
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)

Other Key Points

- The HCPCS code 86586 [Unlisted antigen, each] was discontinued on 12/31/2007.
- For 2008, the new HCPCS code 86486 [Skin test; unlisted antigen, each] is excluded from CLIA edits and does not require a facility to have any CLIA certificate.

Additional Information

To see the official instruction (CR5926) issued to your Medicare Carrier or A/B MAC visit <http://www.cms.hhs.gov/Transmittals/downloads/R1471CP.pdf> on the CMS website.

If you have questions, please contact your Medicare Carrier or A/B MAC at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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